

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/781680

FILED DATE

02-12-01

APPLICANT(S)

4/6/05 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21			1			
22						
23						
24						
25						
26						
27						
28						
29						
30						
31			1			
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						1
44						1
45						1
46						1
47						1
48						1
49						1
50						1
TOTAL IND.	1		4			
TOTAL DEP.				37		
TOTAL CLAIMS	1		41			

	4/6/05					
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61	1					
62		1				
63		1				
64		1				
65		1				
66		1				
67		1				
68		1				
69		1				
70		1				
71	1					
72		1				
73		1				
74		1				
75		1				
76		1				
77		1				
78		1				
79		1				
80		1				
81		1				
82		1				
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	3					
TOTAL DEP.		38				
TOTAL CLAIMS	41					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS